AMENDMENT TRANSMIT	ΓAL <u>LETTER</u>	Serial No.	09/600,831
Express Mail No.:	Attorney Docket No.	5017-5179	First Inventor: Davey
Please type a plus sign (+) insid Dox - Under the Paperwork Reduction Act of 1995, no persons	0.5.	Patent and The	oved for us through 10/31/2002. OMB 0651-0032 mark Office; U.S. DEPARTMENT OF COMMERCE ess it displays a valid OMB control number.

Express Mail No.:	Attorney Docket No.	5017-5179	First Inventor: Davey	
AMENDMENT TRANSMITT	TAL <i>LETTER</i>	Serial No.	09/600,831	
Titl: Treatment Method	Cook	Filing Date	7/21/2000	
Titi : / O Viteatment Method	SAIGHALLY FILED	Examiner	Piazza, Gladys J.	
JUL 0 2 2002 LL	MED	.Group Art Unit	1733	

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

RECEIVED

herewith is an amendment in the above-identified application. **Large Entity Status**

X

JUL 0 9 2002

Small Entity status of this application has been established under 37 CFR 1.27

TC 1700

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED – PART II			SMALL ENTITY		OTHER THAN				
		(Column 1)		(Column 2)	(Column 3)	SWALL LIVIII		SMALL ENTITY	
INT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
DMI	Total (37 CFR 1.16(c))	*20	Minus	**20	=0	x \$9.00=	0.00	x \$=	0.00
AMENDMENT	Independent (37 CFR 1.16(b))	*5	Minus	***4	=1	x \$42.00=	42.00	x \$=	0.00
A.	FIRST PRESENTATI	ION OF MULTIPI	E DEPEN	DENT CLAIM (37 CF	TR 1.16(d))	x \$=		+ \$=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT. FEE					42.00	TOTAL ADDIT. FEE	0.00		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".									

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Petition of 1 month Extension of Time.

No additional fee is required for amendment.

A check in the amount of the fee is enclosed.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 20-0823.

The Commissioner is hereby authorized to charge any other fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet.

 \boxtimes Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17.

Date: June ZH, ZCOZ

Clyde L. Smith, Reg. No. 46,292 Thompson Coburn LLP One US Bank Plaza, Suite 3500 St. Louis, MO 63101-9928 314-552-6338 314-552-7338 FAX

Custom No.: 021888

Signature:

Clyde L. Smith

1927515

Certificate of First Class Mailing

I hereby certify that this document and fee is being deposited with the United States Postal Service as "First Class Mail" under 37 C.F.R. 1.18 on <u>June 274 200 Te</u> and addressed to: Assistant Commissioner for Patents,

Washington, D.C. 20231.